

**Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 12/05/2008Address: 4285 N. 529 LOT # 58Case #: 22-43893ELIOWE, IN 46746County: LAGRANGE**Type of Laboratory Seizure (check one)**

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location (check all that apply)**

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open - No Structure  
☐ Other: \_\_\_\_\_

**Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): OPEN AIR  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: OPEN AIR  
☒ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: OPEN AIR  
☒ Corrosive Base: OPEN AIR  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered (check one)**

- ☐ Yes 2 (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

**This report is to be faxed to the following agencies that serve the location:**Fire Department: HOME FIRE DEPTFax: (260) 562-2165Health Department: LAGRANGE HEALTH DEPT.Fax: (602) 494-4187Child Protection Service: N/AFax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: CASWELLPhone (800) 552-2959

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.